FCC Form 555 November 2012

Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete Sections 1, 2, and 3. Carriers must complete Section 4, if applicable.

Deadline: January 31st (Annually)

rovides Lifeline service).	C) must provide a certification form for each state in which it IM Telecom
39050 Study Area Code(s) (SAC)	ETC Name(s)
study Area Code(s) (SAC)	
	Infiniti Mobile
folding Company Name(s)	DBA, Marketing or Other Branding Name(s)
Affiliated ETCs (include names and SACs, attach additional sheets if necessary)	
certifications may apply). I certify that the company listed above has	on that applies to your ETC. Depending on the state, both certification procedures in place to review income and program-base.
certifications may apply). I certify that the company listed above has eligibility documentation prior to enrolling knowledge, the company was presented with program-based eligibility prior to his or her	certification procedures in place to review income and program-base a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or
certifications may apply). I certify that the company listed above has eligibility documentation prior to enrolling knowledge, the company was presented wit program-based eligibility prior to his or her I am authorized to make this certification for	certification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above or the Study Area(s) listed above. Initial
certifications may apply). I certify that the company listed above has eligibility documentation prior to enrolling knowledge, the company was presented wit program-based eligibility prior to his or her I am authorized to make this certification for (List the specific SAC(s) for which you are to the certification of the certification for the certifi	certification procedures in place to review income and program-based a customer in the Lifeline program, and that, to the best of my h documentation of each consumer's household income and/or enrollment in Lifeline. I am an officer of the company named above or the Study Area(s) listed above. Initial

areas within the state. Attach additional sheets if necessary).